

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA		04-30-01
O.I.P.E. CLASSIFIER		8	5-16-01
FORMALITY REVIEW	02	583	02-28-02
RESPONSE FORMALITY REVIEW			

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	3/4/01
2	3/4/01
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Claim	Date
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If more than 150 claims or 10 actions  
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